

State of Alabama
Unified Judicial SystemForm C-10
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Rev. 2/95

**AFFIDAVIT of SUBSTANTIAL
HARDSHIP and ORDER**

Case Number

2:07-cv-941ME

IN THE _____ COURT OF _____ ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)STYLE OF CASE: Denise Nail v. J. V. Blanker & Jan Blakner
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.**AFFIDAVIT****1. IDENTIFICATION**

Full Name Angela Denise Nail Date of Birth January 8, 1961
 Spouse's Full Name (if married) Na
 Complete Home Address: 116 East Street #46
Carrollton, Alabama 35447
 Number of People Living in Household one
 Home Telephone No. Na
 Occupation/Job Disabled Length of Employment 3 Years 11 months
 Driver's License Number _____ * Social Security Number _____
 Employer Na Employer's Telephone No. Na
 Employer's Address Na

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____
3. INCOME/EXPENSE STATEMENT**Monthly Gross Income:**

Monthly Gross Income \$ 852.00
 Spouse's Monthly Gross Income (unless a marital offense) 0
 Other Earnings: Commissions, Bonuses, Interest Income, etc. 0
 Contributions from Other People Living in Household 0
 Unemployment/Workmen's Compensation, Social Security, Retirement, etc. 0
 Other Income (be specific) \$ 261.00 Student Pell
Bmos at a time
TOTAL MONTHLY GROSS INCOME \$ 852.00

Monthly Expenses:

A. Living Expenses
 Rent/Mortgage \$ 0
 Total Utilities: Gas, Electricity, Water, etc. \$ 139.37
 Food \$ 125.00
 Clothing \$ 25.00
 Health Care/Medical \$ 4.00
 Insurance \$ 78.00
 Car Payment(s)/Transportation Expenses \$ 362.00
 Loan Payment(s) 0

* OPTIONAL

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Monthly Expenses: (cont'd from page 1) \$988.86 Coverage Vehicle Repairs Insurance Monthly
 Credit Card Payment(s) \$1.00 Postal Supplies Cable \$22.00 Phone 44.00
 Educational/Employment Expenses
 Other Expenses (be specific) RECEIVED \$176.00
 Sub-Total 2007 OCT 19 A 10:03 A \$ 1,130.86
 B. Child Support Payment(s)/Alimony \$ 0 B \$ 0
 Sub-Total DEBRA P. HACKETT, CLERK
 U.S. DISTRICT COURT
 MIDDLE DISTRICT ALA. \$ 0
 C. Exceptional Expenses
 TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only) \$ 1,130.86

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ -203.86

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ 26.00

Equity in Real Estate (value of property less what you owe)

0

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)

0Other (be specific) Do you own anything else of value? ☐ Yes ☒ No
 (land, house boat, TV, stereo, jewelry)32" Color Television

If so, describe

TOTAL LIQUID ASSETS

\$ 26.00

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

31 day of August, 2007

Judge/Clerk/Notary

Dyan B. SmithMy commission expires Dec 7, 2008

Affiant's Signature

Print or Type Name

Angela Denise Mills
Angela Denise Mills

SECTION II.

ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____
☐ Affiant is indigent and request is GRANTED.
☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 ____.

Judge